

# **CALFED CONJUNCTIVE USE INQUIRY FORM**

## **General Information**

Date:

Project Name:

Lead Agency/Organization:

Participating Entities:

Potential Stakeholders:

Stage of Development

(Feasibility study, pilot projects, or full-scale implementation):

Person completing this form:

Address:

Phone:

E-mail:

## **Project Location**

County:

Water District(s):

Groundwater Basin Name and Number:

General Description of Area:

## **Project Information**

Estimated Usable Storage Capacity:

Estimated Annual Yield:

Surface Water Source:

Anticipated form of recharge (spreading basin, in lieu, injection):

Conveyance (existing or needed):

## **Costs (estimated)**

Preliminary studies (including feasibility analysis):

Construction (note whether pilot project or full-scale):

Annual Operation and Maintenance:

**Note: Information on this form will be used only to estimate the level of interest in CALFED-supported conjunctive use projects. CALFED is attempting to obtain a funding source to help implement conjunctive use projects, but cannot yet commit to financial support for any project.**



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